## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/583,219	06/08/2007		Jean Armiroli	DK		DKT03189	7653
TITLE OF INVENTION	: HYDRAULIC SLIDE	VALVE PROVIDED W	ITH A PIEZOELECTRIC	WASHER			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	05/02/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
TIETJEN, MARINA ANNETTE		3753	251-030040	490-40			
1. Change of corresponde CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p			ı Reisina	Ethington P.C.
,	ondence address (or Cha	inge of Correspondence	(1) the names of up to or agents OR, alternative	ely,	it attorney	ys 1	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	e)			
PLEASE NOTE: Unl	less an assignee is ident	ified below, no assignee	data will appear on the pa T a substitute for filing an	ntent. If an assign	ee is idei	ntified below, the do	cument has been filed for
(A) NAME OF ASSI	•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
BorgWarne	r Inc.	Auburn Hills, Michigan, USA					
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Please check the appropr	iate assignee category or	categories (will not be pa	rinted on the patent):	Individual	rporation	or other private grou	ip entity  Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Plea	se first reapply an	ıy previo	usly paid issue fee s	hown above)
Issue Fee  Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0852 (enclose an extra copy of this form).				
			overpayment, to Depos	at Account Numbe	r <u>50-0</u>	1852 (enclose an	extra copy of this form).
5. Change in Entity Star a. Applicant claim	s SMALL ENTITY state	•	☐ b. Applicant is no long	er claiming SMAL	L ENTI	ΓY status. See 37 CF.	R 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requested Sta	uired) will not be accepte	d from anyone other than the Office.	ie applicant; a regis	stered atte	orney or agent; or the	assignee or other party in
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Authorized Signature	Cay MI	JEOT V				7, 2011	- IAMILLA PARAMETER.
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